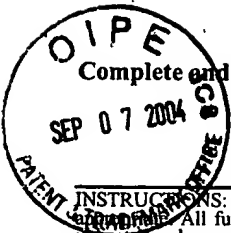


09-09-04 PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 06/04/2004

Ingrid A Beattie
Mintz Levin Cohn Ferris Glovsky and Popeo PC
One Financial Center
Boston, MA 02111

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/290,049	04/12/1999	DANIEL J. SMITH	FDC98-01P2A- 25669-013	9419
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TITLE OF INVENTION: SYNTHETIC PEPTIDE VACCINES FOR DENTAL CARIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO YES	\$1330 \$665	\$0	\$1330 \$665	09/07/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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SWARTZ, RODNEY P	1645	424-190100
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Ingrid A. Beattie, Ph.D.,
Janine M. Susan, Ph.D.,
Mintz, Levin, Cohn, Ferris,
Glovsky and Popeo, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Forsyth Dental Infirmary For Children

Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies **Ten (10)**

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-0311** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Janine M. Susan, Reg. No. 46,119 09/07/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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09/10/2004 WAFSAW2 00000017 09290049

01 FC:2501
02 FC:8001

665.00 OP
30.00 OP

TRANSMIT THIS FORM WITH FEE(S)

Express Mail Label No.: EV392126952US
Date of Deposit: September 7, 2004

Attorney Docket No: 25669-013

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Smith and Taubman
SERIAL NUMBER: 09/290,049 EXAMINER: Swartz, Rodney P.
FILING DATE: April 12, 1999 ART UNIT: 1645
FOR: SYNTHETIC PEPTIDE VACCINES FOR DENTAL CARIES

September 7, 2004
Boston, Massachusetts

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

1. Response to Notice of Allowance (1 page);
2. Issue Fee Transmittal Form PTOL-85B (1 page);
3. Check No. 19267 in the amount of \$665 (Issue Fee);
4. Check No. 19268 in the amount of \$30 (Advance Copies of Patent); and
5. Return Postcard.

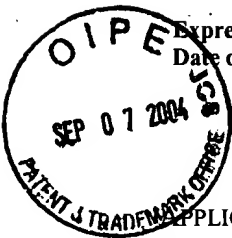
The Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311 (Reference No. 25669-013). A duplicate copy of this transmittal letter is enclosed.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts.

Respectfully submitted,



Ingrid A. Beattie, Reg. No. 42,306
Janine M. Susan, Reg. No. 46,119
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Customer No. 30623



Express Mail Label No.: EV392126952US
Date of Deposit: September 7, 2004

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

The present paper is filed in response to the Notice of Allowance and Issue Fee Due, mailed June 4, 2004. This submission is due today, September 7, 2004 (September 4, 2004 being a Saturday and Monday, September 6, 2004 being Labor Day).

A check (No. 19267) for \$665.00 is enclosed herewith to cover the issue fee and a check (No. 19268) for \$30.00 is enclosed for an advanced order of ten (10) copies of the patent. A copy of Form PTOL-85B is also enclosed herewith. The Commissioner is hereby authorized to charge any additional fees that may be due, or to credit any overpayment, to Account 50-0311 (Ref. No. 25669-013).

This application is entitled to small entity status.

Respectfully submitted,


Ingrid A. Beattie, Reg. No. 42,306
Janine M. Susan, Reg. No. 46,119

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